## **SCANNED**

# UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

FRANK VALENCIA		
Write the full name of each plaintiff.	No. CV 5 (To be filled out by Clerk's Office)	48
-against-	COMPLAINT	
(1) The City of Yonkers; (2) Yonkers	(Prisoner)	
Police Captain Andrew Lane R/C 900; (3)	Do you want a jury trial?	
Yonkers Police Officer Moran; (4) Yonkers	YYes No	(A (C)
Police Officer BOHAN; (5) Yonkers Police of Wante the full adme cleach defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.	Officer Moore &	

#### NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2

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## CONTINUED DEFENDANTS

(6) Yonkers Police Officer Spink; (7) Yonkers Police Officer Moriano; (8) Yonkers Police Officer Blute; (9) Yonkers Police Officer Scannapieco; (10) Yonkers Police Officer Rubin; and (11) Yonkers Police Sergeant Jared Singer.

## I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

XXX Violation of my federal con	nstitutional rights	
☐ Other:		
II. PLAINTIFF INFORM	MATION	
Each plaintiff must provide the f		lditional pages if necessary
Frank	Valencia	
First Name Middle	e Initial Last Name	
~	. # W	ve ever used, including any name g
Prisoner ID # (if you have previou	tch the second	stody, please specify each agency
		were held)
Westchester County D.		were held)
Westchester County D.  Current Place of Detention		were held)
Westchester County D.		were held)
Westchester County D. Current Place of Detention P.O. BOX 10 Institutional Address Westchester, Valhalla,		were held)
Westchester County D. Current Place of Detention P.O. BOX 10 Institutional Address Westchester, Valhalla, County, City	O.C.	were neid)
Westchester County D. Current Place of Detention P.O. BOX 10 Institutional Address Westchester, Valhalla, County, City III. PRISONER STATUS Indicate below whether you are a process.	New York State	1 0 5 9 5 Zip Code
Westchester County D. Current Place of Detention P.O. BOX 10 Institutional Address Westchester, Valhalla, County, City III. PRISONER STATUS Indicate below whether you are a particular detainee	New York State	1 0 5 9 5 Zip Code
Westchester County D. Current Place of Detention  P.O. BOX 10 Institutional Address Westchester, Valhalla, County, City  III. PRISONER STATUS Indicate below whether you are a part of the pretrial detainee  Civilly committed detainee	New York State	1 0 5 9 5 Zip Code
Westchester County D. Current Place of Detention  P.O. BOX 10 Institutional Address Westchester, Valhalla, County, City  III. PRISONER STATUS Indicate below whether you are a part of the property of the pro	New York State prisoner or other confined perso	1 0 5 9 5 Zip Code

## IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

, ,	1-4 45 (100035a) y.		, , , , , , , , , , , , , , , , , , , ,		
Defendant 1:	The City of Yonk	ers			
	First Name				
	City of Yonkers	Last Name	Shield #		
	Current Job Title (or other	identifying information)			
	40 South Broadway Current Work Address	Y, Rm 300	•		
** .	Westchester, Yonk	cers, New York	10701		
Defendant 2:	County, City	State	Zip Code		
	Andrew Lane		, · · - · · · ·		
and the second	First Name	Last Name	Sidald #		
A second	Yonkers Police Ca		TO H		
	Current Job Title (or other i	ptain .			
	104 South Broadwa	у			
	Current Work Address				
	Westchester, Yonkers, New York 10701				
	County, City	State	Zip Code		
Defendant 3:	Yonkers Police Of	ficer Moran			
	Livet Manne	ast Name			
	Police Officer		Shield #		
	Current Job Title (or other id	entifying info			
	104 South Broadway	- (			
	Current Work Address	· · · · · · · · · · · · · · · · · · ·			
	Westchester, Yonke	ers, New Yonkers	10701		
Defendant 4:	county, city	State	Zip Code		
	Yonkers Police Off	icer BOHAN	F 4C		
	Eirct Alama	st Name	Chiefd u		
	Yonkers Police Off		Shield #		
	Current Job Title (or other ide				
	104 South Broadway	mulying information)			
	Current Work Address				
		····			
	Westchester, Yonker	rs, New York 107	01		
	County, City	State	Zip Code		
			rib code		

#### DEFENDANTS NAMES AND ADDRESSESS

- 5. Yonkers Police Officer Moore; 104 South Broadway, Yonkers, NY 10701.
- 6. Yonkers Police Officer Spink; 104 South Broadway, Yonkers, NY 10701.
- 7. Yonkers Police Officer Moriano; 104 South Broadway, Yonkers, NY 10701.
- 8. Yonkers Police Officer Blute; 104 South Broadway, Yonkers, NY 10701.
- 9. Yonkers Police Officer Scannapieco; 104 South broadway, NY
- 10. Yonkers Police Officer Rubin; 104 South Broadway, NY 10701.
- 11. Yonkers Police Sergeant Jared Singer; 104 South Broadway, Yonkers, NY 10701

#### V. STATEMENT OF CLAIM

Place(s) of occurrence: City of Yonkers

Date(s) of occurrence: September 26, 2017

#### FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were homed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Plaintiff states, that on the above date while in the City of Yonkers near Marshal Road and Ridge Dr. I was approached while sitting in my friends vehicle by Defendant Moore and Yonkers Police Officer Kayla Maher, who directed me to exit my friends vehicle, and get my hand out of my bag, but I was petrofied of these Police Officer, as most of the people who I know that: were arrested by Yonkers Police Officers are always beat up. I then did something stupid, I removed my gun from my bag and began to fire the weapon. I grazed Police Officer Maher in the face, and she began to run away with Defendant Moore. However, the above defendants arrived, and began to fire their weapons at me too. I was shot 6 times, and I surrendered, by tossing my weapon out of the window. The officers, then tossed a Flash-bang and approached the vechicle, that I was sitting in-in a stacked fashion. Defendant Lane, then opened the door, pulled me to ground (face-up) and hand cuffed me. I was surrounded by all of the above defendants when I over heard defendant Lane state "Who was to do the honors and shoot this spic?" Defendant Lane then commenced to stomp my face, and head while the other defendants began to kick and stomp hy head while saying "you

shot Kayla you fucking spic" I then went unconscious from blo-
od loss. After I awoke, and examined my injuries I noticed, that the above defendants had
derendants had caused me several fractures to my
face, jaw, and inner mouth, Loss of tooth and a large portion
my gums had to be removed. The above defendants then misrepros
that those injuries were caused by a gunshot wound, but
those claims are practically impossible.
The above defendants retaliated against me for shooting
and shooting at them by well
force See Attached INJURIES:
If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.
Fractured face bones, fractured inner mouth bones, that
punctured through roof of my mouth, loss of front tooth, and
loss of portion of must
loss of portion of gums, unneccessary pain and suffering severe brusing, mental angusih.
J, mental angusin.
VI. RELIEF
State briefly what money damages or other relief you want the court to order.
Compensatory damages in the amount of \$10,000,000.00 against
all defendants jointly and severally;
Punitive Damages against all defend
Punitive Damages against all defendants in the amount of \$50,0-00,000.00 against all defendants.
00,000.00 against all defendants jointly and severally; Cost and disbursements;
Special damages as a jury may determine.
d d july may determine.

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The City of Yonkers, fails to properly train and supervise its police officers as to the application of physical force, and they fail to intervene or act to prevent further unnecessary use of physical force.

## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file-with the Clerk's Office may result in the dismissal of my case.

Date on which I am delivering this complaint to prison authorities for mailing:

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Valhalla, New York 10595

Frank Valencia

2502/3

JID

P.O. BOX 10

United States District Court Southern District of New York

Attn: Pro Se Clerk

500 Pearl Street

New York, New York 10007

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BOLLING 35 BUG ANDS

("LEGAL MAIL")

